

# Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Division of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☐ EXISTING POSITION

**Part I - Items 1 through 12 to be completed by department head or personnel office.**

1. Agency Name DCF		9. Position No.	10. Budget Program Number	
2. Employee Name (leave blank if position vacant)			11. Present Class Title (if existing position)	
3. Division Economic and Employment Services			12. Proposed Class Title Program Consultant I	
4. Section Management Support	For  Use  By  Personnel  Office	13. Allocation		
5. Unit		14. Effective Date		
6. Location (address where employee works)  City Topeka County Shawnee		15. By	Approved	
7. (circle appropriate time) Full time X Perm. Inter. Part time Temp. %		16. Audit Date: By: Date: By:		
8. Regular hours of work: (circle appropriate time)  FROM: 8 AM To: 5 PM		17. Audit Date: By: Date: By:		

Agency  
Number

Position  
Number

**PART II - To be completed by department head, personnel office or supervisor of the position.**

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position.

19. Who is the supervisor of this position? (Who assigns work, gives directions, answers questions and is directly in charge.)

**Name**

**Title**

**Position Number**

Who evaluates the work of an incumbent in this position?

**Name**

**Title**

**Position Number**

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties:)

The Department for Children and Families, Economic and Employment Services has primary responsibility for the administration of TANF Programs and the Supplemental Nutrition Assistance Program among others.

States are required, by law, to have an income and eligibility verification system that requests income and other information from the Internal Revenue Service (IRS) and the Public Assistance Reporting Information system (PARIS). This new position will focus on the use of data received from these sources to determine the accuracy of the income and resource information that was used in the TANF program eligibility determination. If a discrepancy impacting eligibility exists, additional information is sought from the recipient and/or third party sources. If any eligibility error occurred, corrective action follows, including the establishment for benefits that were incorrectly issued.

Under general supervision, this position will engage in professional activities that provide direct impact on the integrity of statewide TANF program administration. This position has primary responsibility for researching, analyzing, and acting on EES cases when discrepant information is identified through federal data matching systems. This position has wide latitude for independent discretion in task sequence and accomplishment methodology. This position also has the responsibility of supporting the DCF mission and vision.

**What** is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action) ; **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each  
Task and  
Indicate  
Percent of  
Time

45%

#### **GOALS AND WORKER ACTIVITIES**

- A. Investigate and resolve discrepancies generated via data exchanges with other states, the Internal Revenue Service (IRS), Veteran's Administration (VA), and the Department of Defense (DOD).
  - A1. Research and determine, based upon information provided within the data exchanges, collateral contacts, and other supporting data, whether program eligibility and benefit level were determined correctly according to state and federal policy guidelines.
  - A2. Serve as the primary point of contact for other state agencies with questions regarding interstate matches.
  - A3. Consult, as necessary, with the Supervisor, Quality Assurance (QA) Specialists, Program Managers, or the appropriate field staff to resolve case specific issues and to ensure consistent results.
  - A4. Contact recipients, certifying agency staff, collateral contacts, providers, etc., as necessary, to obtain documentation to support certifying agency actions and/or resolve conflicting data. These contacts may be in person, by telephone, and/or through written or electronic correspondence.
  - A5. Identify those errors that the certifying agency could have prevented had the required actions been taken.
  - A6. Record case findings into a tracking system for data analysis and to ensure discrepancy reviews and corrective actions comply with established timelines.
  - A7. Report corrective action activities related to completed match resolutions, findings, and results.
  - A8. Must be able to identify possible fraud situations and communicate/coordinate with fraud investigators and legal staff to pursue fraud determinations in cases in which the data supports this finding.

45%

- B. Perform any necessary corrective action as directed by policy, including calculating overpayments and establishing claims.
  - B1. Complete necessary corrective action when errors are detected, including confirming eligibility.
  - B2. Calculate program benefit overpayments.
  - B3. Establish overpayment claims in the benefit recovery subsystem within KAECSSES & KSCARES.
  - B4. Notify the local agencies of discrepancies found, action taken, and disposition of the case.

10%

- B5. Respond to contacts from recipients as necessary to explain the reason for the overpayment, Provide information about appeal rights, etc.
- B6. Represent DCF/EES at any fair hearings requested by recipients as a result of corrective actions, including preparing and responding to fair hearing requests in compliance with rules established by DCF and the Legal Division.

- C. Perform other assigned duties as assigned by the supervisor to support the agency's goals and objectives, improve operations, and provide effective customer service.
- D1. Build and maintain productive working relationships and effective communication with the other divisions, other state agencies, third parties, recipients and field staff as appropriate.
- D2. Participate in regularly scheduled and special administrative meetings.
- D3. Undertake special assignments, investigations and studies as directed by the department.
- D4. Perform other duties as assigned.

As defined by the Americans with Disabilities Act, employee must be able to perform the essential job functions as outlined in the Position Description, with or without a reasonable accommodation.

22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position.
- ( ) Lead worker assigns, trains, schedules, oversees, or reviews work of others.
- ( ) Plans, staffs, evaluates, and directs work of employees of a work unit.
- ( ) Delegates authority to carry out work of a unit to subordinate supervisors or managers.

- b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

**Title**

**Position Number**

23. Which statement best describes the results of error in action or decision of this employee?

- ( ) Minimal property damage, minor injury, minor disruption of the flow of work.
- ( ) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.
- ( ) Major program failure, major property loss, or serious injury or incapacitation.
- ( ) Loss of life, disruption of operations of a major agency.

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Please give examples.

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24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

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25. What hazards, risks or discomforts exist on the job or in the work environment?

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26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used.

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**PART III - To be completed by the department head or personnel office**

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27. List in the spaces below the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Education - General

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Education or Training - Special or professional

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License, certificates and registrations

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Special knowledge, skills and abilities

1. Advanced knowledge of policies, procedures, and computer systems for EES and/or related programs.
  2. Ability to process cases and determine program eligibility for all programs administered by EES.
  3. Ability to answer customer questions, concerns, and complaints for all programs administered by EES.
  4. Considerable communication skills both oral and written.
  5. Ability to independently plan and coordinate workload demands.
  6. Ability to handle multiple ongoing complex tasks.
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7. Ability to exercise judgment and discretion in applying and interpreting administrative policies and procedures including those that require sensitivity to matters of confidentiality.
  8. Ability to make policy and procedure recommendations to senior staff in a timely and concise manner.
  9. Ability to identify priorities and research/solve problems independently.
  10. Knowledge of program evaluation and continuous quality improvement techniques.
  11. Ability to establish and maintain effective working relationships with agency staff, state and local agencies and the general public.
  12. Skilled in the use of personal computers with an extensive knowledge of Microsoft Excel.

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Experience - Length in years and kind

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#### 28. SPECIAL QUALIFICATIONS

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

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Signature of Employee

Date

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Signature of Personnel Official

Date

**Approved:**

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Signature of Supervisor

Date

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Signature of Agency Head or  
Appointing Authority

Date